

- (11) Infection control;
- (12) Immunizations: Influenza, Hepatitis B, Hepatitis A, and Pneumovax immunizations are administered per the State's immunization protocols.
- (13) Hepatitis C treatment consistent with the State's Treatment Guidelines, except as to the cost of Hepatitis C related medication, which will be reimbursed by the State.
- (14) Over-the-counter and prescription medication, except as to the cost of AIDS/HIV related medication, which will be reimbursed by the STATE;
- (15) Medical and dental prostheses;
- (16) Mortality and peer review; and
- (17) Durable medical equipment and supplies.

C. Optometric Care including annual eye examinations for inmates with chronic disease such as diabetes, that may affect vision, and at least once every two (2) years for inmates with prescriptions greater than 20/50 in one or both eyes. If an inmate with visual acuity 20/50 or worse does not have sufficient funds to pay for corrective eyeglasses, the Applicant shall be expected to provide the eyeglasses at the State's expense provided that the State approves of the purchase and the Inmate agrees in writing to reimburse the State for the cost.

D. Dental Services, including the following:

- (1) Emergency dental treatment;
- (2) Amalgam and composite restorations;
- (3) Root canal treatment on anterior teeth that are restorable;
- (4) All necessary extractions including soft tissue and partial bony impaction;
- (5) Maxillary and mandibular removal partial dentures when necessary for proper masticulation (Inmate to pay for the appliance);
- (6) Oral prophylaxis;
- (7) X-rays;
- (8) Oral surgery specialty outpatient care, including but not limited to extractions, biopsies, treatment of treatment of fractured jaws, and other surgical procedures.
- (9) Orthodontic treatment;
- (10) Periodontal surgery;

(11) Tissue or bone grafts; and

(12) Dental implants;

- E. Mental Health Care**, including mental health screening and evaluation for major mental conditions or illnesses, identification, treatment and management of acute problems, suicide prevention, and staffing.
- F. Availability of Offsite Care**, including a description and location of those health care facilities and hospitals available to provide health care to inmates. The description shall include a list of the specialties, sub-specialties and services available in each hospital and/or health care facility. If there are any contracts with offsite health care facilities, please include a copy of the contracts.

VI. Security & Safety

The Applicant shall describe the facility's security and control in accordance with ACA standards, including the following:

- A. Policies and Procedures for the Overall Security Operations**, including emergency plans, use of force, key control, tool control, searches, inmate counts/movements, urinalysis programs, security devices, escapes, and use of chemical agents.
- B. Staffing Levels**, inmate to security staff ratio, and gender-posting measures to ensure the appropriate supervision and safeguarding of inmates at all times. Applicant shall indicate whether the Warden or the Chief of Security makes daily rounds, and the intervals of these rounds.
- C. The Physical Plant**, including the means by which the security perimeter shall be controlled to ensure that inmates remain within the perimeter of the facility and that the general public will not be allowed access into the facility without permission. Photos are welcome.
- D. The Segregation Cells** for inmates requiring pre-detention, disciplinary, administrative segregation and protective custody, and policies governing special management inmates (pre-detention, disciplinary, administrative segregation, and protective custody).
- E. Policies Governing Discipline**, length of sanctions, disciplinary and administrative hearings and the makeup of the committee in accordance with ACA standards.
- F. Any Health or Safety Certifications**, including evidence that the facility is regularly inspected by a qualified State or county fire official/marshal and that the facility conducts periodic fire and safety inspections. The facility shall have an approved fire alarm system, and automatic detection system that is tested on a regular basis.

- G. Any and All Agreements with Local Law Enforcement Agencies** relating to emergency evacuations, riots or other disturbances, escapes, criminal activities by inmates or staff, and/or inmate deaths.
- H. Policies and Procedures for Referring Criminal Activities** by inmates and staff for prosecution.

VII. Cost

The proposal shall include the per diem amount per inmate for eighty (80) to one hundred-fifty (150) inmates over the life of the contract. The offer may include a graduated amount, dependent upon the number of inmates. The per diem shall include all expenses, costs, charges, taxes, and obligations, except for the following:

- A.** The Provider shall provide all health, dental and vision care to inmates at no additional cost to the State except for the following reimbursable expenses: services requiring hospitalization that includes physician reimbursement, services/procedures requiring anesthetics other than Novocain or similar local anesthetics or nitrous oxide that includes physician or anesthetist reimbursement, major surgical and other invasive procedures that includes physician reimbursement and any procedure requiring the use of special limited-use equipment not available at the facility. Of these reimbursable services, the Provider shall pay one hundred percent (100%) of the reimbursable expenses up to two thousand dollars (\$2,000) per incident. The State shall pay one hundred percent (100%) of the reimbursable expenses in excess of that amount for any single incident, except as provided in paragraph B below.
- B.** The State shall not be responsible for health care or any illness or injuries incurred while an inmate is on escape status or resulting from the negligence or fault of the Provider or the Provider's employees or agents.
- C.** The State shall be responsible for medication or regimens specifically aimed at the treatment of conditions associated with AIDS/HIV and hepatitis C, provided that the Provider follows State protocols for treatment. Routine medical care for inmates who have Hepatitis C or AIDS or are HIV positive are the responsibility of the Provider.
- D.** The Provider shall be responsible for the initial cost of transporting inmates from Brush Colorado to its proposed facility. The State will be responsible for the cost of transporting inmates back to the State of Hawaii. If the Provider requests that an inmate be returned to Hawaii, the Provider shall be then be responsible for the cost of transportation for the return of that inmate to Hawaii. The State will also be responsible for the cost of transporting inmates from Hawaii to the proposed facility
- E.** Provided that the denial of non-emergency health care does not violate any state or federal constitutional or statutory requirements, the Inmate may be required to pay for the following:

- (1) A minimal co-payment fee for non-emergency health care visits consistent with State policies;
- (2) Dental care for orthodontic treatment, periodontal surgery, tissue or bone grafts, dental implants, crowns or fixed bridges; and partial dentures for anterior teeth; and
- (3) Prosthetic devices.

VIII. Exceptions

Applicant shall list any exceptions, if any, taken to the terms, conditions, specifications, or other requirements listed in Section III, A(1) through (5). Applicant shall reference the RFP section where the exception, if any, is taken, a description of the exception taken, and the proposed alternative.

The State is not liable for any costs incurred by Applicants' prior to entering into a formal contract/agreement of services. Costs of developing the proposals or any other such expenses incurred by the vendor in responding to the RFP, are entirely the responsibility of the Applicant, and shall not be reimbursed in any manner by the State.

All proposals submitted become the property of the State and will be returned only at the State's option and at the Applicant's request and expense. The master copy of each proposal shall be retained for official files and will become public record after the award of a contract.

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 – Evaluation of Proposal Requirements
- Phase 2 – Preliminary Evaluation of Proposal Application to Establish Priority-Listed Applicants
- Phase 3 – Presentation by or site visit of facility of Priority-Listed Applicants
- Phase 4 – Finalize Evaluation of Priority-Listed Applicants' Proposal
- Phase 5 – Recommendation for Award

Evaluation Categories

<u>Evaluation Categories</u>	<u>Maximum Points</u>	<u>Weight</u>	<u>Possible Points</u>
<i>General Requirements</i>			
<i>Program Overview</i>			
A. Experience and Qualifications	100	10%	10.0
B. Inmate Services	100	10%	10.0
C. Programming	100	25%	25.0
D. Health Care	100	10%	10.0
E. Security & Safety	100	20%	20.0
F. Cost	100	25%	<u>25.0</u>
Total Weighted Points			100.0

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

(1) General Requirements

Applicant shall state its compliance to each item specified in Section 2.II.A.

(2) Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview / Executive Summary
- Experience and Qualifications
- Inmate Services
- Programming
- Health Care
- Security
- Cost

B. Phase 2 – Preliminary Evaluation of Proposal Application to Establish Priority-Listed Applicants (100 Points)

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

(1) EXPERIENCE AND QUALIFICATIONS—maximum points for section: 100

The proposal shall include a description the following:

- a. The Applicant's experience in and ability to provide correctional services. This information shall include a company profile describing the experience and qualifications of key personnel (including warden, deputy warden, and chief of security), the number and type of employees both locally and nationally, company background/history, the length of time that the company has been providing services, and audited financial statements for the past two (2) years. **(Maximum of 25 points.)**
- b. A list of similar contracts for correctional services, including location of facility, and name and contact information. **(Maximum of 5 point.)**
- c. A litigation history of the Applicant listing the cases filed against it and/or its employees by inmates, including the name and civil number of the cases, a brief description of the case, and the status and/or outcome of the cases over the past five (5) years. **(Maximum of 10 points.)**
- d. Evidence of ACA certification, if any. **(Maximum of 20 points.)**

- e. The Applicant's training requirements for employees, a copy of the training program and curriculum, a copy of the facility's policy on criminal history check, background checks and random drug testing, and, if requested, sample criminal history check, background checks and drug testing results. Applicant shall indicate whether it will hire employees with convictions for sexual offenses or any other offense which would prohibit that employee from owning or possessing a firearm. (Maximum of 15 points.)
- f. Policies governing employee discipline and referrals to criminal prosecution. (Maximum of 10 points.)
- g. The rated capacity of the proposed facility. The rated capacity does not include infirmary beds or disciplinary segregation beds. (Maximum of 15 points.)

<u>ALLOCATION OF POINTS FOR PROPOSED FACILITY'S RATED CAPACITY</u>	
<u>RANGE OF RATED CAPACITY</u>	<u>POINTS AWARDED</u>
751 TO 1000	2
551 TO 750	6
450 TO 550	15
275 TO 449	6
LESS THAN 275	2

(2) **INMATE SERVICES**—maximum points for section: 100

The proposal shall include a description of the following services:

- a. Clothing and supplies provided to inmates without charge, including both standard and cold weather clothing, personal hygiene items, towels, bed linens and blankets. (Maximum of 5 point.)
- b. Laundry services. (Maximum of 5 point.)
- c. Inmate property policies. (Maximum of 5 point.)
- d. Food service, including a cycle meal menu, any approval and/or reviews by a Registered Dietician or Nutritionist of the cycle meal menu, whether fresh fruit is included, and policies on special meals for medical or religious needs. If a contract is awarded, rice shall be included as a food staple on a daily basis. (Maximum of 10 points.)
- e. Inmate commissary, including a list of available items and their cost, any restrictions on purchases, and whether profits earned on commissary items are specifically designated to be used for the benefit of the inmate population. (Maximum of 5 point.)
- f. Recreation, including a description of the facility, equipment, supplies, and policies for indoor and outdoor recreational and leisure time activities. Recreation practices shall meet mandatory ACA standards. (Maximum of 5 point.)

- g. Library services, including a description of the recreational library and the hours of operation. (Maximum of 5 point.)
- h. Visitation programs, including the policies and procedures for visitation. If a contract is awarded, the offer shall provide, at its sole cost and expense, the necessary equipment and space within the Facility to permit videoconferencing by use of video teleconference equipment compatible with the video teleconference equipment currently being used by the PSD. Furthermore, if a contract is awarded, video teleconference phones shall be made available for a four hour block at a mutually agreed upon time on Saturday. (Maximum of 5 point.)
- i. Grievance procedures, including a description of the process and any policies or procedures for ensuring ready access to grievance forms, consideration of the grievance by an impartial party, means for ensuring confidentiality, avenues for appeals, and time limits for filing, responding, and appealing. (Maximum of 10 points.)
- j. Access to courts, including a description of the materials that will be made available in the law library and the hours of operation, and availability of transportation to local courts if necessary. If a contract is awarded, the Applicant shall make any legal material provided by the State of Hawaii accessible to the inmates, including the Hawaii Revised Statutes, Hawaii Reports, and other legal material. (Maximum of 5 point.)
- k. Fiscal management of inmate accounts, including procedures for ensuring payments to inmates for work line, management of inmate trust accounts and commissary purchases, and provisions for both spendable and restricted accounts in accordance with State policies. (Maximum of 5 point.)
- l. Restrictions on types of inmates that may be housed at the proposed facility, such as maximum custody inmates, former escapees, or inmates convicted of a sexual or violent crime. (Maximum of 15 points.)
- m. Telephone costs and services, include a description of telephone services and security measures, any and all costs for telephone services generally, and the breakdown of costs for a ten minute call from the facility to Hawaii. (Maximum of 10 points.)
- n. Work line opportunities. (Maximum of 10 points.)

(3) **PROGRAMMING**—maximum points for section: 100

The proposal shall include a description of the following programs and the minimum qualifications of staff for these programs:

- a. Educational services, including a description of the following programs, ABE (Adult Basic Education) I, ABE II, ABE III, ABE IV, GED programs,

Literacy/ESL, job readiness and vocational training, and educational and vocational testing. (Maximum of 25 points.)

- b. Substance Abuse Programs, including: (Maximum of 50 points.)
 - 1) Substance education and counseling programs that include education in addiction, relapse prevention, cognitive skills development, and recovery skills. (Refer to APPENDIX A for the State of Hawaii's current substance abuse program.)
 - 2) A substance abuse therapeutic community, including Level III substance abuse treatment. (Refer to Appendix B for the State of Hawaii's substance abuse therapeutic community, including Level III substance abuse treatment. Refer to Appendix C for an extended definition of Level III.)
 - 3) Substance abuse assessment policies. If the contract is awarded, the Applicant shall provide assessments pursuant to the State's Level of Services Inventory-Revised (Refer to Appendix D- Offender Assessment Protocols).
- c. Counseling and social work services, including the ratio of counselors to inmates, and the availability of any sexual abuse counseling for inmates. (Maximum of 15 points.)
- d. Religious programs, including a list of religious programs and policies for accommodation of religious needs. (Refer to Appendix E for religious services.) (Maximum of 10 points.)

(4) **HEALTH CARE**—maximum points for section: 100

The Applicant shall provide medical, mental health, and dental service in accordance with the laws of the State of Hawaii, the laws of the State where the facility is located; the American Correctional Association Standards for Adult Correctional Institutions, Third Edition, and its Supplements; and the National Commission on Correctional Health Care Standards-Prison Edition, 1997, and its updates and supplements.

The Applicant shall describe the facility's capability to provide routine medical services to inmates at no additional cost to the State (unless otherwise provided), and additional health care provided at either the State's or the inmate's expense, including the following:

- a. A description of the licensed health care staff including physicians, nurse practitioners, and physician assistants overseen by a health care administrator, staffing levels and hours of service. (Maximum of 25 points.)
- b. Routine medical care including: (Maximum of 25 points.)
 - 1) Primary care services including daily sick call to general and lockdown populations;
 - 2) Nursing services by licensed nurses, including nurse rounds and nurse clinics;

- 3) Chronic care management system where all patients with a chronic disease such as diabetes, hypertension, or asthma are seen once every three months;
 - 4) Medical and specialty care, such as podiatrists, physical therapists, and dermatologists;
 - 5) Infirmity services;
 - 6) Routine diagnostic procedures including, but not limited to, multistix urinalysis, phlebotomy, hemocult tests, glucose tests such as Accuchecks, electrocardiograms, visual acuity screening tests, and any other diagnostic screening tests commonly used in identifying or preventing illnesses;
 - 7) Radiology services, fixed and/or mobile;
 - 8) Annual health appraisal for each inmate over forty (40) years old which will include a breast examination mammogram (every other year) and a pap smear (if cervix present);
 - 9) Health appraisal at least once every three (3) years for each inmate less than forty (40) years old, including a breast examination. Pelvic and pap screening needs to be annual (if cervix present);
 - 10) Physical medicine, physical therapy services, speech therapy, and occupational therapy;
 - 11) Infection control;
 - 12) Immunizations: Influenza, Hepatitis B, Hepatitis A, and Pneunovax immunizations are administered per the State's immunization protocols;
 - 13) Hepatitis C treatment consistent with the State's Treatment Guidelines, except as to the cost of Hepatitis C related medication, which will be reimbursed by the State;
 - 14) Over-the-counter and prescription medication, except as to the cost of AIDS/HIV related medication, which will be reimbursed by the STATE;
 - 15) Medical and dental prostheses;
 - 16) Mortality and peer review; and
 - 17) Durable medical equipment and supplies.
- c. Optometric care including annual eye examinations for inmates with chronic disease such as diabetes, that may affect vision, and at least

once every two (2) years for inmates with prescriptions greater than 20/50 in one or both eyes. If an inmate with visual acuity 20/50 or worse does not have sufficient funds to pay for corrective eyeglasses, the Applicant shall be expected to provide the eyeglasses at the State's expense provided that the State approves of the purchase and the Inmate agrees in writing to reimburse the State for the cost. **(Maximum of 5 points.)**

d. Dental Services, including the following: **(Maximum of 10 points.)**

- 1) Emergency dental treatment;
- 2) Amalgam and composite restorations;
- 3) Root canal treatment on anterior teeth that are restorable;
- 4) All necessary extractions including soft tissue and partial bony impaction;
- 5) Maxillary and mandibular removal partial dentures when necessary for proper masticulation (Inmate to pay for the appliance);
- 6) Oral prophylaxis;
- 7) X-rays; and
- 8) Oral surgery specialty outpatient care, including but not limited to extractions, biopsies, treatment of treatment of fractured jaws, and other surgical procedures.
- 9) Orthodontic treatment;
- 10) Periodontal surgery;
- 11) Tissue or bone grafts;
- 12) Dental implants;

e. Mental Health Care, including mental health screening and evaluation for major mental conditions or illnesses, identification, treatment and management of acute problems, suicide prevention, and staffing. **(Maximum of 15 points.)**

f. Availability of offsite care, including a description and location of those health care facilities and hospitals available to provide health care to inmates. The description shall include a list of the specialties, sub-specialties and services available in each hospital and/or health care facility. If there are any contracts with offsite health care facilities, please include a copy of the contracts. **(Maximum of 20 points.)**

(5) **SECURITY & SAFETY**—maximum points for section: 100

The proposal shall describe the Applicant's ability to provide security and control in accordance with ACA standards, including the following:

- a. Policies and procedures for the overall security operations, including emergency plans, use of force, key control, tool control, searches, inmate counts/movements, urinalysis programs, security devices, escapes, and use of chemical agents. **(Maximum of 25 points.)**
- b. Staffing levels, inmate to security staff ratio, and gender-posting measures to ensure the appropriate supervision and safeguarding of inmates at all times. Applicant shall indicate whether the Warden or the Chief of Security makes daily rounds, and the intervals of these rounds. **(Maximum of 20 points.)**
- c. A description of the physical plant, including the means by which the security perimeter shall be controlled to ensure that inmates remain within the perimeter of the facility and that the general public will not be allowed access into the facility without permission. Photos are welcome. **(Maximum of 15 points.)**
- d. A description of the segregation cells for inmates requiring pre-detention, disciplinary, administrative segregation and protective custody, and policies governing special management inmates (pre-detention, disciplinary, administrative segregation, and protective custody). **(Maximum of 5 point.)**
- e. Policies governing discipline, length of sanctions, disciplinary and administrative hearings and the makeup of the committee in accordance with ACA standards. **(Maximum of 15 points.)**
- f. Any health or safety certifications, including evidence that the facility is regularly inspected by a qualified State or county fire official/marshal and that the facility conducts periodic fire and safety inspections. The facility shall have an approved fire alarm system, and automatic detection system that is tested on a regular basis. **(Maximum of 10 points.)**
- g. Any and all agreements with local law enforcement agencies relating to emergency evacuations, riots or other disturbances, escapes, criminal activities by inmates or staff, and/or inmate deaths. **(Maximum of 5 point.)**
- h. Policies and procedures for referring criminal activities by inmates and staff for prosecution. **(Maximum of 5 point.)**

(6) **COST**—maximum points for section: 100

The proposal shall include the per diem amount for eighty (80) to one hundred-fifty (150) inmates over the life of the contract. The offer may include a graduated amount, dependent upon the number of inmates. The

per diem shall include all expenses, costs, charges, taxes, and obligations, except for the following:

- a. The Applicant shall provide all health, dental and vision care to inmates at no additional cost to the State except for the following reimbursable expenses: services requiring hospitalization that includes physician reimbursement, services/procedures requiring anesthetics other than Novocain or similar local anesthetics or nitrous oxide that includes physician or anesthetist reimbursement, major surgical and other invasive procedures that includes physician reimbursement and any procedure requiring the use of special limited-use equipment not available at the facility. Of these reimbursable services, the Applicant shall pay one hundred percent (100%) of the reimbursable expenses up to two thousand dollars (\$2,000) per incident. The State shall pay one hundred percent (100%) of the reimbursable expenses in excess of that amount for any single incident, except as provided in paragraph 2 below.
- b. The State shall not be responsible for health care or any illness or injuries incurred while an inmate is on escape status or resulting from the negligence or fault of the Applicant or the Applicant's employees or agents.
- c. The State shall be responsible for medication or regimens specifically aimed at the treatment of conditions associated with AIDS/HIV and Hepatitis C, provided that the Applicant follows State protocols for treatment. Routine medical care for inmates who have Hepatitis C or AIDS or are HIV positive are the responsibility of the Applicant.
- d. The Provider shall be responsible for the initial cost of transporting inmates from Brush Colorado to its proposed facility. The State will be responsible for the cost of transporting inmates back to the State of Hawaii. If the Provider requests that an inmate be returned to Hawaii, the Provider shall be then be responsible for the cost of transportation for the return of that inmate to Hawaii. The State will also be responsible for the cost of transporting inmates from Hawaii to the proposed facility
- e. Provided that the denial of non-emergency health care does not violate any state or federal constitutional or statutory requirements, the Inmate may be required to pay for the following:
 - 1) A minimal co-payment fee for non-emergency health care visits consistent with State policies;
 - 2) Dental care for orthodontic treatment, periodontal surgery, tissue or bone grafts, dental implants, crowns or fixed bridges; and partial dentures for anterior teeth; and
 - 3) Prosthetic devices.

In converting the per diem price to point, the lowest per diem price will receive the maximum number of points allocated to cost, 20 points. The point

allocations for costs on the other proposals shall be determined through the method set out as follows:

$$[\text{Lowest per diem price} \times 100 \text{ points (maximum)}] \div \text{Applicant's per diem price} = \text{Points.}$$

C. Phase 3 – Presentation by and/or Site Visit of Proposed Facility of Priority-Listed Applicants

Up to three Applicants receiving the highest preliminary evaluation scores will be designated as Priority-Listed Applicants. At the option of the State, the Priority-Listed Applicants may be requested to prepare an oral presentation and or host a site visitation of the facility being proposed.

If an oral presentation is selected, the presentation shall be at the Department of Public Safety, Director's Conference Room. All costs incurred by the Applicant for this presentation shall be borne by the Applicant.

If a site visitation is selected, the State shall bear the travel costs incurred by its evaluation committee for the site visit.

D. Phase 4 – Final Evaluation

Upon the completion of the oral presentations and/or site visitations, an addendum may be issued to clarify items within the scope of services, and a revised final proposal for those sections or items affected by the addendum may be requested.

A final evaluation shall be conducted after the oral presentation, site visit, and revised final proposal, if necessary, using the criteria specified in Phase 2.

E. Phase 5 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

COMPUTATION OF WEIGHTS TO EVALUATION CRITERIA

The final score of each proposal shall be the result of the following weights being applied to the criteria:

	<u>Maximum Points</u>	<u>Weight</u>	<u>Weighted Points</u>
Program Overview	0	0	0
A. Experience and Qualifications	100	10%	10.0
B. Inmate Services	100	10%	10.0
C. Programming	100	25%	25.0
D. Health Care	100	10%	10.0
E. Security & Safety	100	20%	20.0
F. Cost	100	25%	<u>25.0</u>
Total Weighted Points			100.0

Section 5

Attachments

- A. Proposal Application Checklist
- B. Sample Proposal Application Table of Contents

Proposal Application Checklist

Applicant: _____ RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services and For Private Providers*.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Registered)	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*	X	
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*		
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*		
SPO-H-206B	Section 3, RFP	SPO Website*		
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
Federal Certifications				
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
Program Specific Requirements:				
Proof of Insurance	Section 1, RFP	Section 1, RFP	X	

Authorized Signature

Date

Sample

Organization: _____
RFP No: _____

Proposal Application Table of Contents

I	Program Overview	1
II	Experience and Capability	2
	A. Necessary Skills	2
	B. Experience.....	2
	C. Quality Assurance and Evaluation	2
	D. Coordination of Services.....	2
	E. Facilities	2
	F. Litigation	3
III	Inmate Service	4
	A. Clothing and Supplies.....	4
	B. Laundry Services.....	4
	C. Inmate Property Policies	4
	D. Food Service	4
	E. Recreation	4
	F. Inmate Commissary.....	4
	G. Library Services.....	4
	H. Visitation Programs.....	4
	I. Grievance Procedures	4
	J. Access to Courts.....	4
	K. Fiscal Management of Inmate Accounts	4
	L. Restrictions on Types of Inmates.....	4
	M. Telephone Costs and Services	4
	N. Work Line Opportunities	4
IV	Programming.....	5
	A. Education Services	5
	B. Substance Abuse Programs	5
	C. Counseling and Social Work Services	5
	D. Religious Programs	5
V	Health Care	6
	A. Licensed Health Care Staff	6
	B. Routine Medical Care	6
	C. Optometric Care	6
	D. Dental Services	6
	E. Mental Health Care.....	6
	F. Availability of Offsite Care.....	6
VI	Security & Safety	7
	A. Policies and Procedures for the Overall Security Operations	7
	B. Staffing Levels	7
	C. The Physical Plant.....	7
	D. The Segregation Cells	7
	E. Policies Governing Discipline.....	7
	F. Any Health or Safety Certifications	7
	G. Any and All Agreements with Local Law Enforcement Agencies.....	7
	H. Policy and Procedures for Referring Criminal Activities.....	7

VII. Cost..... 8
VIII. Exceptions..... 9

ATTACHMENTS

- TAX CLEARANCE
- CERTIFICATE OF INSURANCE
- PHOTOGRAPHS OR VIDEO OF FACILITY
- RESUMES, INCLUDING EMPLOYEE’S QUALIFICATION DATA
(CERTIFICATIONS, AS APPLICABLE)
- PERSONNEL POLICIES AND PROCUREDURES, HIRING REQUIREMENTS

SECTION SIX APPENDICES

APPENDICES

- Appendix A: State of Hawaii's Substance Abuse Program.
- Appendix B: State of Hawaii's Substance Abuse Therapeutic Community including
Level III Substance Abuse Treatment.
- Appendix C: Level III definition.
- Appendix D: Offender Assessment Protocols.
Sample Level Service Inventory-Revised
Sample Adult Substance Use Survey
- Appendix E: Religious Services Requirement.

Appendix A

State of Hawaii's Substance Abuse Program

The scope of work encompasses the following tasks and responsibilities:

A. Service Activities (Minimum and/or mandatory tasks and responsibilities)

The Department of Public Safety require that the following components of treatment services include:

1. Assessment services and treatment planning

Individuals will be referred for treatment based on the LSI/ASUS, a multi-level assessment which will indicate level of risk, level of criminogenic needs, and substance abuse problems across 6 domains, involvement, disruption, anti-social, emotional, defensiveness and motivation. Provider's assessment will focus on specific strengths, problem areas targeted for change and strategies for change. As part of the assessment process, the provider shall review the offender's institutional file for any additional information that may contribute to formation of the treatment plan. Information gathered in the assessment will be used to develop a treatment plan.

Treatment plans shall include treatment services (group, individual, and family education), projected time in treatment, short and long-range goals, and should measure an offender's progress in treatment. The client will agree to the treatment plan, which becomes part of the treatment record. The service provider will develop treatment phases that reflect measurable and observable changes in the clients' attitudes and behaviors. The treatment plans shall coincide with the treatment phases and document client behavioral and attitudinal changes.

Provider shall endeavor to accept into treatment those individuals who are nearing their parole hearings so that the individual can be paroled shortly after completing treatment. It should be noted that offender should be accepted into treatment so that they may complete all components of the continuum of care for her treatment.

2. Education and Treatment services

Service provider will develop an open-ended treatment program, which includes both educational services (i.e., criminogenic issues, cognitive restructuring, skill building, family issues, co-dependency issues, and substance abuse/addiction issues) and group counseling services. Program shall be tailored to deal with needs identified in the LSI/ASUS and clients' assessment and treatment plan.

Provider shall develop a behavioral-cognitive curriculum that addresses the interaction of criminal thinking and drug abuse using a group treatment format. The curriculum shall offer a method that allows

participants to explore and correct their thinking errors, learn new coping behaviors, and rehearse and practice these new behaviors and attitudes for optimal skill development. The provider shall offer a relapse prevention component to the treatment program that includes education, and rehearsal and practice of relapse prevention skills. *(Note: available curriculums to consider are Criminal Conduct and Substance Abuse Treatment, by Kenneth W. Wanberg, Ph.D. and Harvey B. Milkman, Ph.D., © 1998; Differential Substance Abuse Treatment System (DSAT), by the Maine Office of Substance Abuse, © 1999; Substance Abuse Treatment Programs, by Federal Bureau of Prisons, National Institute of Corrections, © 1989; Aggression Replacement Therapy, by Barry Glick, Ph.D., © 1996; Choices, Changes, and Challenges, by Pacific Educational Services; Thinking for a Change, by Federal Bureau of Prisons, National Institute of Corrections, © 1997; Moving On Curriculum: A Program for Criminal Justice Involved Women, By Marilyn Van Dieten, Ph.D. and Patti MacKenna., M.A.)* Another resource to utilize to find a cognitive-behavioral program that addresses both criminal conduct and substance abuse is the *Cognitive-Behavioral Programs: A Resource Guide to Existing Services*, by Marilyn Van Dieten, Ph.D. for the Federal Bureau of Prisons, National Institute of Corrections (TA#97-S9003).

Class time shall be structured as below:

- 25% of time shall be spent in teaching the lessons.
- 25% of time shall be spent in review of the lessons.
- 50% of time shall be spent in practice and rehearsal of new skills learned from the lessons.

Provider shall provide at least sixteen (16) open-ended education and treatment groups that operate on an on-going basis throughout the year. The education and treatment groups shall be designed to be “open-ended” in order for inmates to begin treatment according to their individual availability and eligibility without having to wait for a new group to begin. It is recommended that each offender attend a minimum of two group sessions per week, approximately two (2) hours per session for a minimum of sixteen (16) weeks, thus allowing the offender to receive a total of sixty-four (64) hours of structured group education and treatment before completion of treatment. In some cases, individuals may need to have more than the recommended sixteen (16) weeks of treatment based on their personal progress in treatment.

Depending on offender availability and the size of the meeting/classroom space, the basic format for the groups is as follows:

1. Weekly education group consisting of one treatment counselor and a maximum of eighteen (18) offenders.
2. Weekly process or focus group consisting of one treatment counselor and a maximum of eighteen (18) offenders.

3. The structured group education and counseling groups shall be offered either during daytime or evening hours, during hours that do not interfere with other correctional facility priorities.
4. The structured group education and counseling groups shall be conducted in the learning center or other available facility spaces.

Please note that the prospective provider must include in their proposal a description of the philosophical basis for treatment and for dealing with incarcerated inmates who have a history of substance abuse. Additionally, all proposals must include a description of the following issues:

1. The type(s) of intervention(s) that they will use
2. The frequency and duration of the treatment intervention for each issue
3. The maximum number of inmates that will be allowed in each component of treatment
4. The admission criteria to be used for accepting offenders into the program
5. The discharge criteria for both successful completion of treatment and unsuccessful completion of treatment (i.e., termination, transfer before completion)
6. Procedures for re-admitting inmates to a program if they have been terminated for breaking rules
7. Procedures for re-admitting inmates to a program if they have already completed Level-II treatment and regress in recovery as noted by behavioral problems, positive urinalysis, facility misconducts, etc.

3. Individual Counseling and Family Education

The provider shall conduct individual counseling session for each participating offender at each phase increment or when necessary as dictated by the counselor or when requested by the offender. The recommended session length should be approximately fifteen (15) minutes. Some individuals may require additional assistance to learn treatment materials, to accept the need to change, or to overcome their specific barriers to change. The individual counseling sessions may be provided to deal with issues not appropriate for the group setting.

The purpose of this education is to offer information to the offender so she will be able to adjust to her return home and into the community. The family education sessions should consist of, but are not limited to the following: relapse prevention, family support groups, co-dependency (Enabling in particular), family dynamics, criminal conduct in the family, domestic violence, etc. The provider shall determine how the family education program will be integrated into the continuum of treatment, the number and type of education sessions. (Some programs provide four (4) weekly sessions that are open-ended and are about one (1) hour in length.).

4. Continuing Care

Providers shall develop a continuing care component for offenders that successfully complete primary treatment, including those discharged from other levels of treatment (i.e., Level-III). Continuing Care shall be provided for the purpose of reinforcing and maintaining recovery from the time of completion of treatment to the time when the offender transfers to either parole status or to a community level facility. (It is well documented in the corrections treatment research, and has been observed in our own population, that inmates who complete treatment, and who return to the general population without any continuing support, lose the effects of treatment, and regress back to criminal attitudes and behaviors.)

The continuing care component of treatment must encompass the aspects of relapse prevention, criminal conduct behaviors and attitudes, and prevention of recidivism. Additionally, other topics related to recovery should be added to the repertoire of curriculum topics, such as recovery support systems, job skill development, assertiveness vs. aggression, transportation issues, etc. It should also be noted that the offender must comply with all recommendations that are on his discharge summary from his primary treatment. An offender's length of stay in the continuing care program is dependent upon his personal ability and demonstration of maintaining responsible behavior and the counselors' observations and discretion. The continuing care component may also include process group and individual counseling.

The continuing care component shall be conducted once a week for one and half (1½) hours. The group size shall be no larger than twenty (20) offenders participating in the group. Should there be more than 20 candidates per facility, the provider may conduct more than one group at a time to insure all offenders receive the continuing care program. The continuing care component should be no less than ten (10) weeks and no more than thirty (30) weeks.

Proposal must include the following for the continuing care component available to all clients who have completed either Level - II or Level III:

Provider must provide a detailed description of the proposed continuing care program

Provider will provide the process by which they would maintain the services for an offender until she is paroled, or terminated from incarceration

5. Booster Sessions for Completed Level-II Participants

Booster sessions should be available to clients to return to treatment that have completed and then later have misconduct or behavioral problems that warrants a redress of treatment for success of recovery. These sessions would be extremely limited and would be used only for those offenders who have regressed that still demonstrate potential for recovery. The booster sessions should be used as a refresher for the offender who completed treatment and has somewhat digressed in his

performance since completing treatment. This should not be used for the offenders who have relapsed into active substance use and abuse. Active use and abuse of substances would warrant a re-evaluation of the offender with a high probability of being recommended to Level-III treatment. Additionally, these sessions would not be used for the client who re-commits another crime while on furlough or extended furlough. Again, this offender would be re-evaluated and would again probably be recommended for Level-III treatment. Booster sessions are designed to be used for the offender who may have committed minor or moderate misconducts, demonstrates consistent poor decisions, demonstrates consistent and constant thinking errors, poor emotional control, or re-establishes himself as being resistant to the facility rules and staff authority.

Appendix B
State of Hawaii's Substance Abuse Therapeutic Community
including Level III Substance Abuse Treatment.

The Provider shall, in a satisfactory and proper manner as determined by the Department, and in accordance with the terms and conditions of this Agreement, provide and perform the following services:

1. Provide a program plan for the various types of treatment services that will be gender-responsive in a safe, humane and healing environment.
2. Provide assessments using tools such as the ASI and bio-psycho-social summary that identifies diagnoses, recommendations and master problem lists.
3. Provide treatment planning that is individually based, specific to defined needs and includes the inmates as well as other relevant parties. Set goals, define timeliness and action items, and review charted outcomes.
4. Provide proper documentation management such as charting goals, assess the outcomes, and then based on the results, re-assess the goals and action items.
5. Provide case management to coordinate relevant services and communicate treatment focus when appropriate.
6. Provide individual counseling that is specific to the individual's defined needs.
7. Provide process group treatment including learning tools and skills to expand and process inmates' emotions about substance abuse as well as other abuse issues and how to appropriately express them.
8. Teach and monitor senior clients in conducting addiction and skill building classes.
9. Assist in designing recreational activities that complement the inmates' treatment plans.
10. Assist each client with setting personal health goals and provide motivation, support, and encouragement to the client to meet her goals in a safe, healthy manner. This may include developing an exercise plan, instituting a stress management routine, exploring dietary concerns, improving hygiene, and seeking health care from the facility as appropriate.
11. Coordinate specialized services, recognizing and properly addressing other inter-related issues to be coordinated within the treatment plan.
12. Provide job development and vocational rehabilitation counseling, training, assistance and follow-up to the inmates that will be transferred to Hawaii.
13. Provide family treatment and educational services to address family issues that could impede recovery. The family sessions will involve inmates only.
14. Provide domestic violence and sex abuse intervention services in a safe, healing-type environment which includes mentoring, developing support systems to foster self

independence, learning to experience healthy relationships through positive interaction and role modeling, and presenting a culturally appropriate service delivery free of harassment.

15. Address eating disorders if supported by the DSM IV diagnosis criteria by making appropriate referrals for established treatment services.

I. Service Activities

A. Screening

The Department will complete all substance abuse screens.

B. Assessments Services

A Substance Abuse Counselor shall conduct initial personal interviews with inmates who are referred for admission into the Therapeutic Community (TC):

1. The Adult Substance Use Survey (ASUS);
2. The Level of Service Inventory – Revised (LSI-R) provided by WCCC;
3. DSM IV;
4. Identification of lack of social/family support for clean living; and the presence of unsafe housing conditions;
5. Other factors including vocational development;
6. Legal issues;
7. Social and psychological functioning and the impairment of function to each factor.

Within the initial phase of treatment, a complete Bio-Psycho-Social assessment shall be conducted and an Interpretive Summary written. The Interpretive Summary shall contain at a minimum the initial diagnosis, recommendations for treatment, and a master problem list.

Once assessed, the inmate will have a program that is tailored to her needs. Of particular importance is matching the intensity of treatment to the offender's risk level (Risk Principal) target criminogenic needs such as antisocial attitudes (Need Principle) and use cognitive-behavioral approaches to facilitate offender change (Responsivity Principle.)

C. Treatment Planning

Provider shall create a treatment plan with the inmate and treatment team specific to her needs, based on the assessment focusing on specific problem definition, interventions aimed at resolution of identified issues, and agreed upon long term and immediate goals. The treatment team will include the Provider's clinical staff, the inmate referral sources, and all other affiliated personnel. The treatment plan shall contain at a minimum:

1. Long term goal for treatment
2. Short term goals to address each problem area
3. Objectives for each problem area
4. Specific strategies to be used to achieve the objectives
5. Target dates for completion of each strategy and objectives
6. Strengths possessed by the inmate to aid in completing the plan
7. Weekly reviews of the plan
8. Monthly updates

D. Treatment

1. Counseling
 - a. Individual

Treatment staff shall provide individual counseling to inmates as per the treatment plan regarding the inmate's substance abuse and other defined needs. Frequency of individual sessions will vary with the inmate's need. At a minimum, the counselor will be responsible to meet with the inmate weekly to review treatment plan progress and to assign homework for the next week.

- b. Group

Process Groups shall be provided daily for all inmates. A minimum of two hours each of general treatment topics and substance abuse topics shall be provided. In addition, a focus process group will be conducted each day. The breakdown will be as follows:

Pre-Treatment Group: This group will be designed to address the needs of those in the milieu that have not decided that they are ready for change. The focus of the group is to help those inmates to develop a discrepancy in the thoughts and attitudes that will lead them to make a decision to change.

Identification Group: This group allows the inmate to explore the issues she feels are most significant and to discover what needs to be changed

to help resolve those issues. This group naturally follows the pre-treatment group in that these inmates will acknowledge their need to change, but are displaying some resistance to the methods that are needed to accomplish the desired goal.

Solution Focus Group: This group is designed to enable those that have identified solutions to share them with each other and receive feedback from their peers. Homework will be discussed with an emphasis on how behaviors serve and don't serve the inmate's treatment and life goals. The inmates will be challenged to overcome fears and old ideas.

Relapse Prevention Group: This group is designed to meet the needs of those that are nearing the end of their treatment experience. Specific information about relapse will be presented and discussed. Individual relapse prevention plans will be discussed and processed by the group.

Re-Entry Group: During the last two weeks of the treatment episode, the inmate will have to address leaving the treatment environment and explore feelings about the return to life outside of the walls. This group explores the skills required to live in a new way, letting go of old ideas and patterns. The focus will vary depending on the inmates that are present.

2. Education

The treatment counselors will train senior program participants to conduct addiction education classes that are gender responsive and address basic issues related to addiction and recovery. In addition, senior participants will be taught to teach skill building classes that will improve the inmate's skills in relaxation techniques, stress management, communication, conflict resolution, decision making, parenting, etc. Treatment staff will oversee and assist as necessary all education and skill-building sessions to ensure the accuracy and effectiveness of peer educators.

3. Referral and Discharge Planning

The Provider will assist the offender with discharge planning that will include identification of Aftercare support, community sources of support, counseling resources for ongoing family and other therapy, and referrals as appropriate. Each discharge plan will include a minimum amount of time in Aftercare, after which the client will receive her clinical discharge.

E. Case Management

The Provider shall provide case management services to include:

1. Participation of the Senior Counselor in weekly meetings with the facility staff. Treatment counselors and TC staff shall meet weekly to review all inmates and their progress.
2. Assistance in the collection of data and preparation of reports.

F. Physical Health

The Provider shall assist the facility staff in the assessment of the physical health of each inmate that is a part of the TC. Particular attention will be given to eating disorders and issues of obesity. The Provider, with the cooperation of the medical and recreational staff, will formulate plans to address physical health concerns.

G. Documentation

Provider's supervisors and senior staff shall ensure that clinical charts are kept in accordance with CARF and ADAD standards and that documentation is entered in a timely manner so as to reflect current information as to the inmate's progress. Clinical charts will contain at a minimum the following:

1. Inmate's Screening documents,
2. Intake documents including signed Consents to Treatment, Contracts for Behavior, and appropriate Consents to Release Confidential Information,
3. Inmate's Assessment with Interpretive Summary,
4. Master Problem List,
5. Treatment Plan and all Treatment Plan Reviews,
6. Treatment plans will be reviewed weekly with inmate and updated to reflect current assignments and progress towards completion of past assignments. Every other week a formal treatment plan review will be completed and documented on the treatment plan review form.
7. Weekly Progress Notes, referencing treatment plan Goals,
8. Treatment Activities Log,
9. Discharge summaries including prognosis and recommendations,
10. Any other required documentation as determined by facility staff and Provider staff.

H. Specialized Services

1. Vocational

Services shall be provided while the TC participants are in the third phase to prepare the graduating offenders more ready for employment prior to their participation in a transition program. The Vocational Counselor shall:

- a. Provide vocational training and services for inmates to help address any disabilities that were identified in their assessments.

- b. Provide pre-employment training and assistance in job seeking.
- c. Provide Life Skills training in areas necessary for inmates to be successful in seeking and maintaining employment. These skills include resume development, interviewing skills, problem solving, stress management, and goal setting.

2. Family Therapy and Educational Services

A Family Counselor shall provide the following services:

- a. Family systems dynamics, dysfunctional families, healthy families, domestic violence, anger/stress management.
- b. Helping address issues which may include, but are not limited to, difficulties around the recovery process, abandonment and neglect, abuse, inappropriate or ineffective communications, marital and sibling dyad, grief and loss issues, unresolved family or individual issues including childhood trauma.
- c. Family integration and support addressed individually and in-group sessions to assist in providing the appropriate support for inmates when they are released on parole.

3. Domestic Violence and Sex Abuse Intervention Services

Services shall be conducted through educational classes, process groups and individual sessions. Inmates will learn to recognize patterns of abusive relationships, develop skills and behaviors to support making changes, and take responsibility for using these skills.

Services to victims of domestic violence and sexual abuse shall also include the following:

- a. Support Counseling.
- b. Support in preparing restraining orders.
- c. Assistance with court and court-related services.
- d. Information and referral services regarding legal, criminal and other issues of domestic violence.
- e. Assistance in obtaining legal representation.
- f. Crisis Counseling.
- g. Outreach services.

4. Eating Disorder Treatment

In the event that an inmate has an eating disorder that meets the criteria of the DSM IV, the treatment staff will identify it on the master problem list and ensure appropriate services are available for treatment of the eating disorder. The Service Provider will coordinate with the medical and recreation staff at WCCC to address physical health concerns.

Appendix C

Level III Definition


Level III is an intensive long-term residential treatment program lasting 9-15 months in therapeutic communities. It is for inmates who are diagnosed as substance dependent and who are assessed as having significant psychosocial impairment and deficits, which also need treatment.

Level III consists of intensive group therapy in addition to education in addiction, recovery, criminal thinking and in life skills. All facets of the community's life are treatment oriented. As the TC residents live and work together separated from the general population, they encourage and challenge each other to practice recovery skills and to change their criminal thinking and behavior. TC counselors develop individual treatment plans with each offender and continually evaluate their progress in relation to those plans.

The first two phases of the TC program are orientation to treatment and primary substance abuse treatment. The third phase involves preparing the inmate for transition back into the community. Inmates who need intensive transitional services would be referred to the Bridge Program.

The Therapeutic Community approach to substance abuse treatment is a psychosocial, experiential learning process, which utilizes the influence of positive peer pressure within a highly structured social environment. The primary therapeutic change agent is the community itself, including staff and program participants together as members of a "family." The culture is defined by a mutual self-help attitude where community members confront each other's negative behavior and attitudes and establish an open, trusting and safe environment where personal disclosure is encouraged, and the prison culture of the general population is rejected. Participants need to view staff as role models and rational authorities rather than as custodians or treatment providers.

NOT CONFIDENTIAL

	DEPARTMENT OF PUBLIC SAFETY		EFFECTIVE DATE: 04/01/04	POLICY NO.: COR. 14.26
	CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES		SUPERSEDES (Policy No. & Date): New	
	SUBJECT: OFFENDER ASSESSMENT PROTOCOLS		Page 1 of 6	

Log No. 2004-2082

1.0 PURPOSE

To implement the department-wide use of standardized protocols for adult offender assessment instruments.

2.0 REFERENCES AND DEFINITIONS**1 References**

- a. Chapter 353-6, HRS, Establishment of Community Correctional Centers
- b. Chapter 353-10, HRS, Intake Service Centers
- c. Chapter 353-62, HRS, Hawaii Paroling Authority; Responsibilities and Duties; Operations; Records, Reports, Staff
- d. Memorandum of Agreement between the Department of the Attorney General, Department of Public Safety, Department of Health, and the Judiciary, State of Hawaii, effective April 17, 2002.

2 Definitions

- a. Criminal Justice Agencies: The Probation Divisions, the Department of Public Safety, and the Hawaii Paroling Authority.
- b. Interagency Council on Intermediate Sanctions Policy Group: A group established by Order of Appointment, issued by Chief Justice Ronald Moon, January 11, 2002.
- c. Level of Service Inventory-Revised (LSI-R): A predictive risk and needs scale that assesses an offender's propensity for further unlawful and rule-violating behavior based upon criminal history and dynamic risk factors.
- d. Adult Substance Use Survey (ASUS): A comprehensive secondary assessment tool for substance abuse treatment.

COR P & PM	SUBJECT: OFFENDER ASSESSMENT PROTOCOLS	POLICY NO.: COR. 14.26
		EFFECTIVE DATE: 04/01/04
		Page 2 of 6

- e. Reassessment: A file and/or face-to-face interview to review an offender's risk/needs after the initial LSI and ASUS.
- f. Over-ride: An assignment of an inmate to a different level of treatment/program as determined by risk/need instruments.
- g. Criminogenic Needs: Attributes that are directly linked to criminal behavior.
- h. Proxy: A jail abbreviated risk-screening instrument used to determine the level of investigation and supervision services to be provided to an offender.
- i. LSI-R/ASUS Consent Form: A pretrial form signed by the defendant acknowledging his/her voluntary participation in being assessed by the LSI-R/ASUS.
- j. Supervision Standards: Minimum required supervision tasks and activities determined by the defendant's classification.
- k. Face to Face Contact: An interview by the assigned officer with the offender at the office, work place, home or other appropriate sites to provide counseling, acquire information, and provide information as part of supervision.
- l. Certification: Passing scores of 3 or less scoring errors on the LSI and a .36 entry-level MI score.
- m. Cyzap: Internet database used by all Criminal Justice agencies to store the offender's scores (Attachment A).

3.0 POLICY

- .1 The Department of Public Safety shall ensure that all eligible offenders are administered the LSI-R/ASUS by certified staff in a timely manner.
- .2 The Department of Public Safety shall maintain a common information system platform containing current offender-based information for interagency collaboration.

COR P & PM	SUBJECT: OFFENDER ASSESSMENT PROTOCOLS	POLICY NO.: COR. 14.26
		EFFECTIVE DATE: 04/01/04
		Page 3 of 6

.3 The Department of Public Safety shall be responsible for quality assurance in the application of the assessment instruments.

.4 Any significant changes to this policy will conform to the goal of the Interagency Council on Intermediate Sanctions.

4.0 PROCEDURES

.1 Intake Service Center

- a. Staff shall complete the proxy-screening instrument at the initial intake interview.
- b. Staff shall enter the scores of the proxy into the ISC database.
- c. Staff shall attempt to obtain the offender's written consent to conduct the LSI-R and ASUS at the initial intake interview with all pretrial felon offenders.
- d. Staff shall complete the LSI-R and ASUS on all pretrial felons granted supervised release that have signed a written consent and have a proxy score of 5 or higher.
- e. Staff will complete the LSI-R and ASUS within 30 days of being released on supervised release.
- f. Staff shall use the results of the LSI-R and ASUS data to assign the appropriate level of supervision.
- g. Staff shall use the results of the LSI-R and ASUS data as guidelines to identify and address service and treatment needs of the offender.
- h. Staff shall identify and request a need for score over-ride when deemed appropriate.

COR P & PM	SUBJECT: OFFENDER ASSESSMENT PROTOCOLS	POLICY NO.: COR. 14.28
		EFFECTIVE DATE: 04/01/04
		Page 4 of 6

- i. Staff will reassess the LSI-R and ASUS scores of the offender every 6 months or upon any significant event that alters the domain identified for change during the period of supervised release.
- j. Staff shall enter the completed LSI-R and ASUS information in the Cyzap Internet database.

.2 Correctional Facilities

- a. All newly sentenced inmates entering the RAD Unit shall have a LSI-R and ASUS completed by trained and certified staff within 45 days.
- b. RAD staff shall use the results of the LSI and ASUS to identify appropriate program and treatment level when completing the Initial Prescriptive Plan.
- c. LSI-R and ASUS reassessments shall be completed as part of the inmate transfer request packet submitted to the Inmate Classification Office for transfer to a minimum or community based facility.
- d. LSI-R and ASUS reassessments shall be completed on all inmates within 24 months to their parole eligibility date.
- e. LSI-R and ASUS Instruments shall be completed within 30 days of placing an inmate on furlough and within 60 days upon placing an inmate on extended furlough.
- f. Staff shall enter the completed LSI-R and ASUS information into the Cyzap Internet database.
- g. Staff shall reassess LSI-R and ASUS scores every 6 months upon admittance into a minimum or community-based facility or any significant event affects the six criminogenic factors identified in the LSI-R.
- h. Staff may request an over-ride to a program and/or an identified level of treatment when appropriate. Such request shall accompany a request for such an exception through the inmate Exception Case form.

COR P & PM	SUBJECT: OFFENDER ASSESSMENT PROTOCOLS	POLICY NO.: COR. 14.26
		EFFECTIVE DATE: 04/01/04
		Page 5 of 6

5.0 RESPONSIBILITY

- .1 Wardens and Branch Managers or designee shall ensure that all staff are properly trained and certified in the use of the LSI-R and ASUS.
 - a. Supervisors shall ensure that staff is appropriately trained to complete the proxy screening, LSI-R and ASUS instruments.
 - b. Supervisors shall ensure that staff is properly trained to enter and retrieve LSI-R and ASUS data from the Cyzap Internet database.
 - c. Supervisors shall ensure that the proxy-screening instrument is completed on all newly admitted pretrial felons in a timely manner.
 - d. Supervisors shall ensure that the LSI-R and ASUS initial and reassessment instruments are completed on all offenders meeting the criteria in a timely manner.
 - e. Supervisors shall be responsible for conducting random reviews of staff interviews and scoring of the LSI-R and ASUS instruments to maintain consistency in scoring and to identify any (gross) scoring errors.
 - f. Supervisors shall be responsible for identifying staff in need of retraining and developing an action plan. Such plan shall be submitted to the manager or warden for approval.
 - g. Supervisors shall be responsible for conducting random case reviews to ensure the LSI-R and ASUS data are being used as part of the case planning process.
 - h. Supervisors shall be responsible for reviewing and approving or disapproving any request for score over-rides.

COR P & PM	SUBJECT: OFFENDER ASSESSMENT PROTOCOLS	POLICY NO.: COR. 14.26
		EFFECTIVE DATE: 04/01/04
		Page 6 of 6

6.0 SCOPE

This policy applies to all supervisors/managers and staff assigned to assess and evaluate offenders.

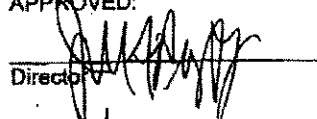
APPROVAL RECOMMENDED:



Deputy Director for Corrections

APRIL 18, 2004
Date

APPROVED:


Director
APR 17, 2004
Date

Assess

Page 1 of 1

ATTACHMENT A

Level of Service Inventory -R

Assessment ID: DOCH-LSI-672

Assessed: 03/15/04

Name: [REDACTED]

DOB: 05/05/1962	Sentence Date:	Unit: Parole
Gender: Male	Offense:	County: Oahu
Assessor: remsick@oahu	Offense Group:	
Purpose: Initial Assessment	Offense Type:	
Case #: 3	Assessment Status:	
SUM: 3	Disposition:	
Total Score: 22		Risk: Moderate

N Y		Criminal History	0.30	N Y		Leisure/Recreation	
1.	X	Any prior adult convictions		30.	X	No recent participation in an organized activity	1.00
2.	X	Two or more prior convictions		31.	1	Could make better use of time	.40
3.	X	Three or more prior convictions		Companions			
4.	X	Three or more present offenses		32.	X	A social isolate	
5.	X	Arrested under age 18		33.	X	Some criminal acquaintances	
6.	X	Ever incarcerated upon conviction		34.	X	Some criminal friends	
7.	X	Escape history from a correctional facility		35.	X	Few prosocial acquaintances	
8.	X	Ever punished for institutional misconduct Num: 1		36.	X	Few prosocial friends	
9.	X	Charges filed or status revoked on probation/parole		Alcohol/Drug Problem			
10.	X	Official record of assault/violence		37.	X	Alcohol problem, ever in lifetime	.70
Education/Employment			0.70	38.	X	Drug problem, ever in lifetime	
When in labor market				39.	1	Alcohol problem in last 12 months	
11.	X	Currently unemployed		40.	1	Drug problem in last 12 months	ice & the
12.	X	Frequently unemployed		41.	X	Law violations	
13.	X	Never employed for a full year		42.	X	Marital/Family	
14.	X	Ever fired or asked to resign		43.	X	School/Work	
School or when in school				44.	X	Medical	
15.	X	Less than regular grade 10		45.	X	Other indicators financial	.00
16.	X	Less than regular grade 12		Emotional/Personal			
17.	X	Suspended or expelled at least once		46.	X	Moderate interference	
18.	0	Participation/performance		47.	X	Severe interference, active psychosis	
19.	0	Peer interactions		48.	X	Mental health treatment ever in lifetime	
20.	0	Authority interactions		49.	X	Mental health treatment in last 12 months	
Finance			0.50	50.	X	Psychological assessment indicated	
21.	3	Financial Problems		Attitudes/Orientation			
22.	X	Reliance upon social assistance		51.	2	Supportive of crime	.00
Family/Marital			0.00	52.	2	Unfavorable toward convention	
23.	2	Dissatisfaction with marital situation		53.	X	Poor toward sentence	
24.	2	Non-rewarding, parental		54.	X	Poor toward supervision	
25.	2	Non-rewarding, other relatives		Comments/Override:			
26.	X	Criminal-Family/Spouse					
Accommodation			0.00				
27.	3	Un satisfactory					
28.	X	Three or more address changes last year					
29.	X	High crime neighborhood					

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Assess

Page 1

ATTACHMENT A

ADULT SUBSTANCE USE SURVEY - ASUS

Assessment ID: DOCH-ASUS-736

Assessed: 03/16/04

Name: [REDACTED]

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DOB:	05/05/1982	Prior AOD OP TX:	1-2	Last Yr	Assessor:	rmask@oshu
Age:	41	AOD IP TX:	1-2		Employment:	
Gender:	Male	MH TX:	None		Other Status:	
Ethnicity:	Caucasian (no mix)	Drug Ed Class:	None		Age of First Arrest:	
Marital:	Married	AOD Arrests:	None			
Education:	12 years					

Substance Use History	Life time	Last 6 mo	Age of last use	Drug Category	Life time	Last 6 mo	Age of last use
1. Alcohol	1-10	0		7. Heroin	0	0	
2. Marijuana	11-25	0		8. Other Opiates	1-10	1-10	4
3. Cocaine	0	0		9. Sedatives	0	0	
4. Amphetamines	1-10	1-10	41	10. Tranquilizers	0	0	
5. Hallucinogens	0	0		11. Cigarettes	No longer		
6. Inhalants	0	0					
				SAHM/Tx (based on LSFT total)	Weekly Therapy		

Critical Summary:

ASUS Summary Profile

SCALE	Score	Low 1	2	3	Medium 4	5	High Medium 6	7	8	High 9	10	NORM BET
1. Involvement1	6											2542 adult probationers screened for potential alc or drug problem
2. Disruption1	4											
3. Social	5											
4. Mood	4											
5. Global	18											
6. Six Month	3											666 IP & JOP TX Clients
7. Defensive	11											
8. Motivation	21											
9. ASUS Rater	4											
10. Involvement2	5											
11. Disruption2	4											

Treatment Guidelines (based on ASUS Involvement and Disruption Score)

Involvement Score	Disruption Score	Level of Use & Problem Description	L
5	4	Low use, low-medium disruption, low-medium needs	

Referral Guidelines: Comprehensive assessment, 12-18 hrs AOD education class, Low intensity outpatient (1-2 hrs wk), UAs if drug use

Evaluator Impression

AOD Use Involvement:

1-Minimal-Low

AOD Use Disruption:

3-Low-Moderate

AOD Use Service readiness:

7-Moderate-High

Comments:

Information in the ASUS summary is based on the client's self report. It is dependent on his or her ability and willingness to validly respond to questions. It represents the individual's perception of self regarding alcohol and other drug use, concerns about self and relationship to others, willingness to be involved in the change process. This information should be used only in conjunction with information from all other sources in making referral or treatment decisions. No one piece of information from this or any other source should be used solely to make such decisions. Always best to engage the client in a partnership when making referral and treatment decisions.

Appendix E

Religious Services Requirement.

The offer shall provide for religious services in compliance with ACA Standards for Adult Felony Inmates, Constitutional Rights, Federal Law, and Supreme Court Decisions. These shall include, but are not limited to providing a "qualified chaplain with clinical pastoral education or equivalent specialized training and/or experience, and (2) endorsement by the appropriate religious certifying body. The chaplain assures equal status and protection for all religions"; that the chaplain have access to the entire facility including housing, medical, and special management units; that the chaplain shall assist inmates in contacting representatives with appropriate credentials from the faith groups requested by inmates; that " the chaplain plan direct and coordinate all aspects of the religious programs including approval and training of both lay and clergy volunteers from faiths represented by the inmate population", "written policy, procedure, and practice that provide inmates with the opportunity to participate in practices of their religious faith that are deemed essential by the faith's judicatory, limited only by documentation showing threat to the safety of the persons involved or that the activity itself disrupts order in the institution", and that the least restrictive measures were used when denial was deemed necessary; adequate space and equipment to conduct religious programs, provision for approved religious diets especially vegetarian, Halal, and Kosher